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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <div style="font-size: 1.2em;">10/070075</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL ID.	4		4					
TOTAL EP.	16		14					
TOTAL CLAIMS	50		18					